

Kansas Honor Flight Guardian Application Form

The Kansas Honor Flight would not be successful without the generous support of our guardians. Guardians play a significant role on every trip, ensuring that every Veteran has a safe and memorable experience. Next generation family members (ages 18 – 70) may serve as guardians, as long as they can perform the duties, however spouses or “significant others” of Veterans may not go on the trips unless they are also a Veteran or if medical need is mandated. Exceptions are handled on a case-by-case basis (wheelchair, blind, vertigo, Alzheimer’s, etc.) and doctor verification may be required. Guardian duties include, but are not limited to, travel to and from airport, and physically assisting the Veterans at the airport, during the flight and at the memorials. Guardian contributions cover all expenses (airline fare, hotel, meals, and ground transportation. Guardian Contributions are not paid until the guardian is confirmed for a specific flight.

[If the guardian is unable to attend, incurred expenses are non-refundable.](#)

For further information, please contact us at (620) 546-2400 or e-mail us at info@KansasHonorFlight.org or visit our website at KansasHonorFlight.org.

NOTE: AS OF OCTOBER 1ST, 2021, ANYONE GOING ON A KANSAS HONOR FLIGHT WILL BE REQUIRED TO HAVE A VALID "REAL ID" IN ORDER TO TRAVEL BY AIR. THIS IS A DEPARTMENT OF HOMELAND SECURITY REQUIREMENT. For more information about this, visit the DHS website at <https://www.dhs.gov/real-id>.

Guardian Information

First Name _____

Middle Name _____

Last Name _____

Name to be used on Badge _____

Date of Birth _____

Month _____

Day _____

Year _____

Gender - Male Female

Contact Information

Street Address _____

City _____

State _____

Zip code _____

County _____

Daytime Phone _____

Evening Phone _____

Mobile Phone _____

Email Address _____

Travel Information

Are you requesting to travel with a specific veteran, if possible? Yes No

Can you lift 100 pounds? Yes No

Additional Information

T-Shirt Size (M – L – XL - 2XL - 3XL - 4XL - 5XL)

Are you willing to assist all veterans, and are you willing to push any wheelchair? Yes No

Occupation _____

Please list any prior Volunteer experience _____

Remarks / Comments _____

How did you hear about Honor Flight? _____

Service History

Are you a Veteran? Yes No

Emergency Contact

The Emergency Contact should be someone available on the day of the trip.

First Name _____

Last Name _____

Relationship _____

Address _____

City _____

State _____

Zip code _____

Daytime Phone _____

Evening Phone _____

Mobile Phone _____

Email Address _____

Medical Information

What is your Weight? _____

What is your Height? _____

Medications (attach additional conditions on a separate sheet to the back of this form if necessary)

Do you have any drug allergies? Yes No

Do you have any food allergies? Yes No

Do you have a history of seizures? Yes No

Do you have any breathing problems? Yes No

Are you claustrophobic? Yes No

Are you visually impaired? Yes No

Are you deaf or hard of hearing? Yes No

Do you have a urostomy, colostomy, or urinary catheter? Yes No

Have you been diagnosed with memory problems? Yes No

Cognition / Sundowning? Yes No

Do you use insulin? Yes No

Do you wear or have a heart pacemaker implanted? Yes No

Do you have any condition(s) (not mentioned above) or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in this event?

(Attach additional conditions on a separate sheet to the back of this form if necessary)

Do you require a special meal? Yes No

The undersigned acknowledges and agrees that:

(1) As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight promotional material and publications, and waive any rights or compensation or ownership hereto.

(2) I further state that medical insurance is the responsibility of the guardian and I understand that Honor Flight does NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

Your signature grants us the right to share your information with our volunteer medical, flight and administrative staff.

Print your name _____

Signature _____

Date _____

Kansas Honor Flight, Inc. - P.O. Box 2371 Hutchinson, KS 67504-2371 – or E-mail to:
application@kansashonorflight.org

Kansas Honor Flight, Inc. is a 501(c)3 tax-exempt non-profit organization. A letter acknowledging the generous donation will be mailed to the designated donor. All programs and services of Kansas Honor Flight, Inc. are offered on a non-discriminatory basis without regard to race, color, national origin, age, marital or family status, disability, or political beliefs.